

Timesheet MUST be received by midday MONDAY via email to: timesheets@emeraldnursing.ie

I declare that the information on this timesheet is true. In the event of a dispute regarding claimed hours, the locum will be liable to repay any overstated amount unless the timesheet has been duly authorised by the client. Any over payments should be repaid immediately as failure to do so may result in a legal proceeding.

Full name: _____
 Position: _____
 Place of Work: _____
 Ward/Department: _____

Client Name: _____
 Full Name: _____
 Position: _____
 Place of Work: _____

Locum Signature: _____

	DATE (DD MM YY)	START TIME	FINISH TIME	DEFAULT BREAK TAKEN	ACTUAL BREAK <small>(If blank 60 min default used)</small>	ACTUAL HOURS WORKED <small>(Minus Breaks)</small>	PO Code <small>(Optional)</small>	PERSON IN CHARGE NAME	PERSON IN CHARGE SIGNATURE	DATE
MONDAY				60 Mins						
TUESDAY				60 Mins						
WEDNESDAY				60 Mins						
THURSDAY				60 Mins						
FRIDAY				60 Mins						
SATURDAY				60 Mins						
SUNDAY				60 Mins						

All 'Nil' breaks & breaks of less than 60 minutes require a separate client signature for authorisation

PLEASE USE 24 HOUR CLOCK

We recommend that you retain copies of all your completed timesheets for further reference.

A break of 60 minutes per 8 hour shift is presumed. If you had a shorter break a client signature is required for authorisation.

**TOTAL
HOURS
WORKED**

By signing you are confirming

- a) Our agreement to the terms of business
- b) That the claimed hours are correct